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Apr 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 754351 (5)

1. Corporation Name
RIVER OAKS IMPROVEMENT ASSOCIATION, INC.



Principal Place of Business 511 S RIVER OAKS DR INDIALANTIC FL 32903	Mailing Address 511 S RIVER OAKS DR INDIALANTIC FL 32903-4614
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3. Date Incorporated or Qualified 09/25/1980	3a. Date of Last Report 03/15/1996
4. FEI Number 59-2950692	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	25
29	30

9. Name and Address of Current Registered Agent

**STOCKSTILL, LOUIS
511 S RIVER OAK DR
INDIALANTIC, FL
32903**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	STOCKSTILL, LOUIS
STREET ADDRESS	511 S RIVER OAKS DR
CITY-ST-ZIP	INDIALANTIC, FL 00000
TITLE	D <input type="checkbox"/> DELETE
NAME	GAYKIAN, HYKO
STREET ADDRESS	510 S RIVER OAKS DR
CITY-ST-ZIP	INDIALANTIC, FL 00000
TITLE	DST <input type="checkbox"/> DELETE
NAME	SMITH, EMILY
STREET ADDRESS	512 S RIVER OAKS DR
CITY-ST-ZIP	INDIALANTIC FL
TITLE	D <input type="checkbox"/> DELETE
NAME	ALMOND, LEE
STREET ADDRESS	502 S RIVERWORKS DRIVE
CITY-ST-ZIP	INDIALANTIC FL
TITLE	D <input type="checkbox"/> DELETE
NAME	OTTEN, THOMAS
STREET ADDRESS	507 S. RIVER OAKS DR.
CITY-ST-ZIP	INDIALANTIC, FL 00000
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	MCCREARY, RICHARD
STREET ADDRESS	507 N RIVER OAKS DR
CITY-ST-ZIP	INDIALANTIC, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D
6.3 STREET ADDRESS	EUGENE KALKMAN
6.4 CITY-ST-ZIP	508 NORTH RIVEROAKS DR. INDIALANTIC, FL 32903

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)